

CLAIMS ONLY						
Application Number <u>10-738420</u>						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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<u>50</u>						
Total Indep	<u>3</u>					
Total Depend	<u>7</u>					
Total Claims	<u>10</u>					